

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018981

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 147

FILED JUN 4 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Vandalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aidrain County Hospital		d. STREET ADDRESS (If outside, give location) R.R. #3	
3. NAME OF DECEASED (Type or print) Regina Eirene Seeley		4. DATE OF DEATH Month May Day 22 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Gene Seeley		13b. MOTHER'S MAIDEN NAME Gooch	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO.		17. INFORMANT Gene Seeley Address Vandalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO (b) Physiological immaturity DUE TO (c) Premature Birth (5 mos)		INTERVAL BETWEEN ONSET AND DEATH 5 min Birth	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 22-63 to May 22-63 and last saw her/him alive on May 22-63 . Death occurred at 1:10 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R B Swan (Degree or title)		22b. ADDRESS Vandalia, Mo	
22c. DATE SIGNED 5-24-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/23/63		23c. NAME OF CEMETERY OR CREMATORY Memorial Garden	
23d. LOCATION (City, town, or county) Vandalia, Missouri		24. FUNERAL DIRECTOR Wilkey and Bienhoff Laddonia, Missouri	
25. DATE RECD. BY LOCAL REG. May 25-1963		26. REGISTRAR'S SIGNATURE Blanche Keely	

USE BLACK INK

OR TYPEWRITER RIBBON

N D Swan, D O

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clyde C. Hilkey

Licensed Embalmer No. 3820

P. O. Address Perry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.